Statement of Organization Recipient Committee					STATEMENT OF ORGANIZATION
		Type or print in ink		Date Stamp RECEITED	california 410
Statement Type	☐ Initial  Not yet qualified ☐	or #	Termination – See Part List I.D. number:	\$	For Official Use Only
	Date qualified as com	mittee Date qualified as committee (if applicable)	Date of Termination	CITY OF LUOI	
1. Committee	Information			nd Other Principal Offic	OIS
NAME OF COMMIT	TEE		NAME OF TREASUR	KIRSTEN	
COMMI STREET ADDRESS	7 TEE TO	RE-ElECT LARRY A	STREET ADDRESS		RIO .  ZIP CODE AREA CODE/PHONE
		*	1001	CA	95240 209-333-11
CITY	PPIEWood	STATE ZIP CODE AREA COD	JEPHUNE	T TREASURER, IF ANY	
Lodi	<u>CA</u>	95242 (209)74	7-6533 STREET ADDRESS		SUITE
MAILING ADDRES	S (IF DIFFERENT)		//5	S. SCHOOL ST.	E 209-333-1100
OPTIONAL: FAX /	F-MAIL ADDRESS		OULA		ZIP CODE AREA CODE/PHONE 95240
		r alabal NET	AME AND POSITIO	N OF OTHER PRINCIPAL OFFICER(S), IF	
	1	C 9 (0 6 ). NET OUNTY WHERE COMMITTEE IS ACTIVE IF DIFFE HAN COUNTY OF DOMICILE	RENT MAILING ADDRESS		
SAN J	sa que L		CITY	STATE	ZIP CODE AREA CODE/PHONE
Attach additional	information on appropria	tely labeled continuation sheets.	O.C.I		
3. Verification I have used all perjury under the	reasonable diligence i	n preparing this statement and to the be California that the foregoing is true and	st of my knowledge the informati	ion contained herein is true and c	complete. I certify under penalty of
Executed on	6/15/0 DATE	<u>6</u>	SIGI	NATURE OF TREASURER OR ASSISTANT TREA	ASURER
Executed on	6// S/O	Ву	SIGNATURE OF CONTR	OLLING OFFICEHOLDER, CANDIDATE, OR STA	TE MEASURE PROPONENT
Executed on	DATE	By	SIGNATURE OF CONTR	OLLING OFFICEHOLDER, CANDIDATE, OR STA	ATE MEASURE PROPONENT
Executed on	DATE	By	SIGNATURE OF CONTR	OLLING OFFICEHOLDER, CANDIDATE, OR STA	ITE MEASURE PROPONENT

FPPC Form 410 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

# Statement of Organization Recipient Committee

recorpicate committees

CALIFORNIA 410
FORM

	Page 2
COMMITTEE NAME	I.D. NUMBER
COMMITTEE TO RE-ELECT LARRY D. HANSEN	

4. Type of Committee Complete the applicable sections.

## Controlled Committee

INSTRUCTIONS ON REVERSE

• List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.

ELECTIVE OFFICE SOUGHT OR HELD

- . List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- . If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	(INCLUDE DISTRICT NUMBER IF APP	LICABLE)	YEAR OF ELECTION	PARTY	
LARRY D. HANSEN	CITY COUNCILMS	MBERZ	2006	Non-Partisan	AMERICA MONOSTAL COMPONENTS
		٠		☐ Non-Partisan	
List the financial institution where the campaign bank account is located (	controlled "candidate election" commi	tees only)			
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT N	IUMBER	the same of the sa	
FEM BANK	(209) 339-2518	10400	35401		
ADDRESS	СІТУ	STATE	ZIP CODE	90000000000000000000000000000000000000	
121 WEST PINE	Lod,	C17	95242	-	
Primarily Formed Committee Primarily formed to support or oppose spec	ific candidates or measures in a single el	ection. List below:			
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETT	ER) CANDIDATE(S) OFFICE SO (INCLUDE DISTRICT	UGHT OR HELD OR ME NO., CITY OR COUNTY		CHECK	ONE
LARRY D. HANSEN 2014	CITY COU	Neil ME	Mben	SUPPORT	OPPOSE
				SUPPORT	OPPOSE

Statement of Organization Recipient Committee		Type or print in ink				STATEMENT OF ORGANIZATION					
		cypo ar principalism			RECOM	ORNIA 410					
Statement Type	☐ Initial  Not yet qualified 😿 or		Amendment List I.D. number:		n <del>i</del>	Termination – See Part 5 2			-20 a June	or Official Use Only	
			**	BANKAN BANKA	<b>#</b>	and the state of t	CITY 6	Meddi	CIT	7 OF LOS	
	Date qualified as co	mmittee	Date qualified a		Dat	e of Termination	Agramma de la companya de la company		Whether the second seco		
1. Committee	Information					2. Treasurer and C	Other Princi	pal Offic	ers		
NAME OF COMMIT  Committee to	TEE Elect Steve Jarret					NAME OF TREASURER Jeff Downing STREET ADDRESS			AND AND STORE OF THE STORE OF T		
						223 Olive Court					
STREET ADDRESS	(NO P.O. BOX)					CITY		STATE	ZIP CODE	AREA CODE/PHONE	
214 W. Locke	ford Street, Suite 1					Lodi		Са	95240	(209) 327-2669	
CITY		STATE	ZIP CODE	AREA CODE	/PHONE	NAME OF ASSISTANT TREA	ASURER, IF ANY				
Lodi MAILING ADDRESS	S (IF DIFFERENT)	Ca	95240	(209) 329-7	7133	STREET ADDRESS	ang an ang ang ang ang ang ang ang ang a	सरामार्थी त्राहरी प्रमुखे प्रमुखे प्रमुखे का कि विकास सम्बद्धित स्थापन स्थापन स्थापन स्थापन स्थापन स्थापन स्था	дуундардардардарда жайтан түрдө үндө үндө үндө үндө үндө үндө үндө үн		
OPTIONAL: FAX/	E-MAIL ADDRESS	ween war and the second se			CONTRACTOR	CITY		STATE	ZIP CODE	AREA CODE/PHONE	
- Como - Company - F   Company - F   Company -						NAME AND POSITION OF C	THER PRINCIPAL C	FFICER(S), IF	APPLICABLE	ORDER HAND STORE STO	
COUNTY OF DOMI	CILE	COUNTY WHEI	RE COMMITTEE IS A	ACTIVE IF DIFFERI	ENT	MAILING ADDRESS		ACCOUNTS TO THE OWNER OF THE OWNER OW	ermenotulus erotuur en huuritus en huuritu		
San Joaquin											
Attach additional	information on appropri	ately labeled	continuation sheel	ts.		CITY		STATE	ZIP CODE	AREA CODE/PHONE	
perjury under th	reasonable diligence ne laws of the State of	f California	this statement that the foregoin	and to the best g is true and co	of my kno	wledge the information co	intained herein is	true and o	complete. I ce	rtify under penalty of	
Executed on	DATE 6/15/06		W-2011/920	ФУ		SIGNATORE	TO EASURER OR A	SSISTANT TRE	KSUZER		
Executed on	DATE	·	onuscomo - vin	Ву		SIGNATURE OF CONTROLLING	OFFICEHOLDER, CANI	DIDATE, OR STA	ATE MEASURE PROI	PONENT	
Executed on	DATE		nercommunication and	Ву		SIGNATURE OF CONTROLLING	OFFICEHOLDER, CANI	DIDATE, OR STA	ATE MEASURE PRO	PONENT	
Executed on	DATE		-PECINION-PECINION	Ву	~~~~~ <del>**</del>	SIGNATURE OF CONTROLLING	OFFICEHOLDER, CAM	DIDATE, OR ST	ATE MEASURE PRO	PONENT	

#### **Statement of Organization** CALIFORNIA **Recipient Committee** FORM INSTRUCTIONS ON REVERSE Page 2 I.D. NUMBER COMMITTEE NAME

4. Type of Committee Complete the applicable sections.

## Controlled Committee

Committee to Elect Steve Jarrett

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- \* List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- . If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT		(INCLUDE DISTRICT NUMBER IF APPLICABLE)			YEAR OF ELECTION		PARTY		
Stephen A. Jarrett		Council Member, City of Lodi			2006	<b>⊠</b> Nor	n-Partisan		
						☐ Nor	n-Partisan		
List the financial institution where the campaign bank account is located.	led (con	trolled "candidate election" co	ommittees only)				emment viet en	OPPER OF THE PROPERTY OF THE P	
NAME OF FINANCIAL INSTITUTION		AREA CODE/PHONE BANK ACCOUNT			JMBER		***************************************		
Guaranty Bank		209) 367-7676 380510269							
ADDRESS	(	CITY S'			ZIP CODE	<u></u>			
1150 W. Kettleman Lane	Loc	di	Ca		95240				
Primarily Formed Committee Primarily formed to support or oppose	specific	candidates or measures in a sir	igle election. List I	below:					
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR L	TTER) CANDIDATE(S) OFFICE SOUGHT OR HELD OR (INCLUDE DISTRICT NO., CITY OR COU					CHECK	ONE		
			<del></del>				SUPPORT	OPPOSE	
	DATE OF THE PARTY				ayaaniya kanamaa maaranin yii Alaasaa Ta Ooliiy ka Alaa Oo Ta ayaa ayaa ahaa Ta Sa A	рын научалист чествення чебней на байта	SUPPORT	OPPOSE	

STATEMENT OF ORGANIZATION

## **Statement of Organization** STATEMENT OF ORGANIZATION **Recipient Committee** CALIFORNIA FORM INSTRUCTIONS ON REVERSE Page 3 I.D. NUMBER COMMITTEE NAME Committee to Elect Steve Jarrett 4. Type of Committee (Continued) General Purpose Committee Not formed to support or oppose specific candidates or measures in a single election. Check only one box: ☐ CITY Committee ☐ COUNTY Committee ☐ STATE Committee PROVIDE BRIEF DESCRIPTION OF ACTIVITY Sponsored Committee List additional sponsors on an attachment. NAME OF SPONSOR INDUSTRY GROUP OR AFFILIATION OF SPONSOR STREET ADDRESS NO AND STREET CITY STATE ZIP CODE Small Contributor Committee Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a Date qualified small contributor committee on January 1, 2001, enter 1/1/01. 5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- · This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- · This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - -- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.